



STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY

Richard M. Flynn, Commissioner

DIVISION OF FIRE SAFETY
OFFICE OF THE STATE FIRE MARSHAL
J. William Degnan, State Fire Marshal



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**MODULAR BUILDING PROGRAM
APPLICATION FOR THIRD PARTY AGENCY CERTIFICATION**

PLEASE TYPE OR PRINT LEDIBLY

DATE: _____

SECTION I. GENERAL INFORMATION

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

President: _____

Phone: _____ E-mail: _____

Program Administrator: _____

Phone: _____ E-mail: _____

Contact Person: _____

Phone: _____ E-mail: _____

Additional Contact Person: _____

Phone: _____ E-mail: _____

SECTION II. PERSONNEL

- A. On a separate sheet, please include a table of your organization with the name and address of each management and supervisory person, specifying her/his function in the certification program. Also include the number of professional engineers, architects, and the names of all consulting engineers and architects, indicating which are employed part-time.
- B. Please list the name and address of all registered engineers and/or graduate engineers who are responsible for conducting review of drawings, specifications, and quality assurance programs.
- C. Please list the names, education, years of experience and states in which the administrator(s) is(are) professionally registered.
- D. Please provide a list of all engineers, technicians, and other personnel who shall perform services for the organization, including the relationship each has with the agency.

SECTION III. CORPORATE INFORMATION

A. State of Incorporation:_____

B. Name and affiliates of Board of Directors and Officers

NAME

AFFILIATES

PHONE

- C. Please attach a copy of the Articles of Incorporation.
- D. Please attach a copy of the by-laws of the Corporation.
- E. Please include a list of all states in which the agency is now approved to inspect modular buildings or building components

SECTION IV

RESPONSIBILITY & LIABILITY

A. Please list each insurance company with the respective phone numbers and policy information below:

<u>INSURANCE COMPANY</u>	<u>TYPE</u>	<u>AMOUNT</u>	<u>PHONE</u>

B. Does your agency require the manufacturer to carry product liability insurance?

C. On a separate sheet, please outline the procedure which your agency uses when a manufacturer issues a recall of product bearing your label.

SECTION V

TEST REPORTS AND DATA SHEETS

A. Please list the names and location of factory inspectors, supervisors and other technicians, including evaluators of factory inspectors. Also include the qualifications of each specialized group including record of work experience, licenses held, description of the type of work each group and each technician is expected to perform, and the qualification of each group and each technician to perform the work assigned.

B. Please list the type of products, components, structures, and other items which the agency has evaluated, tested, or inspected, and the number of years of experience the agency has had with each.

C. Please list the type of codes, standards, specifications, and requirements in which the agency has had experience in providing evaluations, inspections, or testing services, and the number of years experience with each.

SECTION VI

FOLLOW-UP INSPECTION PROGRAM

A. On a separate sheet, please describe your follow-up inspection program, methods used to train and supervise your inspectors, and procedures to assure your inspection program is carried out, including checking and evaluation their work.

- B. List the name of the head of the follow-up services for each product or construction component below:

CONSTRUCTION COMPONENT/PRODUCT

NAME

- C. On a separate sheet, describe the methods or policy utilized to insure that the follow-up inspections will assure that the products will be effectively used in accordance with the testing criteria used to list the product or construction component.

- D. List the frequency of inspection of factory production on each product or construction component.

- E. Describe sampling procedures used in conjunction with item “D” above.

SECTION VII

IDENTIFICATION OF CERTIFIED PRODUCTS

- A. Attach a copy of label and/or certification mark to be used for each certified component.
- B. On a separate sheet, describe the methods of control of labels for certified products. Describe how your agency assures that only the buildings and building components meet the standard are labeled by the manufacturer.
- C. Please provide a description of the record keeping system the agency uses, as it relates to availability of records to the department, and the agency’s ability to render reports to the department.

SECTION VIII

NOTIFICATION OF CHANGE

By the signature listed in Section IX below, the agency agrees to notify the New Hampshire State Fire Marshal’s Office within thirty (30) working days of any changes to the information listed on this form or its attachments.

SECTION IX

CERTIFIED STATEMENT

Under penalties of perjury, I certify that:

1. This application and the attached documents are a true and accurate statement of the personnel, equipment, and procedures that will be followed in certification programs, and
2. The agency's Board of Directors, as a body, and its technical personnel as individuals, shall exercise independent judgement, and
3. The agency's activities shall not result in financial benefit to the agency through stock ownership, or other financial interests in any producer, suppliers, or vendor of products involved, other than through standard published fees for services rendered, and
4. The agency shall not perform design or quality assurance program approvals for any manufacturer whose design or quality assurance program has been created in whole or in part by members of the agency or any affiliated organization, and
5. All inspectors, evaluators, and other technicians are adequately trained and qualified to perform each job assigned to them, and
6. The agency is able to evaluate modular buildings and building components for compliance with all applicable codes, standards, laws, and rules.

President: _____ Date: _____

Witnessed by: _____ Date: _____